**EMERGENCY FORM**

**PROGRAM LOCATION:**  **BOSCO 𑂽 ANGE 𑂽 ST. FRANCIS 𑂽 JL JORDAN 𑂽**

|  |  |  |
| --- | --- | --- |
| CHILD’S NAME | D.O.B **M/D/Y** | ADDRESS |
|  |  | STREET NAME & NUMBER: |  |
|  |  | CITY/TOWN: |  |
|  |  | POSTAL CODE: |  |

|  |  |
| --- | --- |
| **PARENT/GUARDIAN INFORMATION** | **PARENT/GUARDIAN INFORMATION** |
| **NAME:** | **NAME:** |
| **PHONE:** | **PHONE:** |
| **ADDRESS:** | **ADDRESS:** |
| **EMAIL:** | **EMAIL:** |

|  |  |
| --- | --- |
| **EMERGENCY CONTACT INFO** | **EMERGENCY CONTACT INFO** |
| **NAME:** | **NAME:** |
| **PHONE:** | **PHONE:** |
| **ADDRESS:** | **ADDRESS:** |

|  |  |
| --- | --- |
| **AUTHORIZED PERSON(S) FOR PICK UP** | **AUTHORIZED PERSON(S) FOR PICK UP** |
| **NAME:** | **NAME:** |
| **PHONE:** | **PHONE:** |

|  |  |  |
| --- | --- | --- |
| **CHILD’S NAME** | **ALLERGY** | **REACTION** |
|  |   |  |
|  |  |  |
|  |  |  |
| **DOCTOR’S NAME:** | **PHONE & ADDRESS:**  |

**PLEASE SELECT YOUR CHILD’S PROGRAM PLACING THEIR INITIALS IN THE CORRESPONDING BOX**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TODDLER**(12 MOS - 2.5 YRS) | **PRESCHOOL**(2 YRS - 4 YRS) | **KINDERGARTEN****(4-6 YRS)** | **JR SCH AGE**(6-9 YRS) | **SR SCH AGE**(9-12 YRS) |
|  |  |  |  |  |

**PLEASE SELECT YOUR CHILD’S CARE REQUIRED (PLEASE MARK ALL THAT APPLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL TIME****(5 DAYS/WEEK)** | **PART TIME****(<5 DAYS/WEEK)** | **SCHEDULED****(ROTATING DAYS/WEEK)** | **BEFORE****SCHOOL****CARE** | **AFTER****SCHOOL CARE** |
|  |  |  |  |  |
| FOR PART TIME INDICATED DAYS REQUIRED: MON **𑂽** TUES **𑂽** WED **𑂽** THURS **𑂽** FRI **𑂽** |

|  |
| --- |
| **PLEASE PROVIDE ANY ADDITIONAL INFORMATION BELOW: (CUSTODY ARRANGEMENTS, SLEEP ROUTINES, FOOD PREFERENCES, SPECIAL REQUIREMENTS/ACCOMMODATIONS, PREFERRED CONTACT ETC)** |
|  |

|  |  |
| --- | --- |
| PLEASE MARK ‘X’ IN BOX IF **PICTURES ARE ALLOWED** TO BE POSTED ON OUR FACEBOOK PAGE OR OUR WEBSITE (NO NAMES WILL BE ASSOCIATED WITH PICTURES) |  |